Form **8871** (July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information			
1 Name of organization FRIENAS OF MARY E. FLOWERS			Employer identification number APPLED FOR
2 Mailing address (P.O. Box or number, street, and room or suite number)			36-3864994
City or town, state, and ZIP code	10620		
3 E-mail address of organization			
4a Name of custodian of records NELORIS CRAWFORD	y	dian's address	
METORIS (KAUTURE		hichqu, II ct person's address	60620
5a Name of contact person	5b Conta	ct person's address	ILENIA
NELOKIS CHANFOR		PhITAGO, IT	
6 Business address of organization (if different			
City or town, state, and ZIP code			
Part II Purpose			
7 Describe the purpose of the organization	10 1 - 1 - 1 -		
7 Describe the purpose of the organization TO CONTRIBUTE 4	CHIVALDA	ES TOR PUB	ITC OFFICE.
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Part III List of All Related Entities	s (see instructions)		OGOENSIT
	Relationship	8c Address	
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Name	9b Title	9c Address
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1/A		
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Under penalties of perjury, I decl	are that the organization named in xamined this notice, including acco	n Part I is to be treated as an organization described in section 527 of the Inter ompanying schedules and statements, and to the best of my knowledge and bel
it is true, correct, and complete.		
gn Signature of authorized of	who wil	07-29-2000
1/1/01/10	any	01-01-0000